

NORTH CAROLINA ASSOCIATION OF AREA AGENCIES ON AGING  
(NC4A)  
COMMENTS TO  
THE NORTH CAROLINA PRE-WHITE HOUSE CONFERENCE ON AGING  
RALEIGH, NC  
May 18, 2005

Good Morning, I am Mary Barker, the Administrator of the Area Agency on Aging for the seven southwestern most counties of North Carolina. Thank you for allowing me to come before you today to present the priorities from the North Carolina Association of Area Agencies on Aging or NC4A for short. NC4A's membership is made up of all the staff of the 17 Area Agencies throughout the state. I currently serve as President of NC4A and it is in this role that I present these priorities. These priorities were given much thought and consideration. Two multi-regional forums were held, many county aging advisory groups and regional aging advisory councils completed the priority worksheets. Other forums and meetings are planned later in the summer and will be reported separately to the National White House Conference . Based upon the input that we received from over 500 people representing at least 59 counties throughout the state, NC4A would like to present the following priorities for consideration:

**Our first priority is stabilization of Health Care. This includes Medicare, Medicaid, Social Security, private pensions and insurance.**

It is our opinion that all measures should be taken to maintain Social Securities current structure and purposes including a guaranteed benefit. It is simply not fair to those persons who have been planning for retirement with Social Security as part of their base to change the rules in the middle of the stream. As it currently stands, almost everyone pays into the system, therefore it gives a common level of support across the US. ~~We all have equal footing.~~ The base for Social Security financing is shrinking due to the larger number of retirees and the smaller number of younger workers that are coming into the workforce. To further erode that base by allowing personal savings plans and investment options to be used instead of Social Security would be unthinkable. We support the idea of personal savings and investment options that are in addition to, but not in place of Social Security. ~~Tax or other such incentives to contribute to sound personal savings plans or other investment options~~ could be one way to encourage additional savings.

Along with tax incentives to encourage additional savings for retirement is the need to ensure the solvency of pension plans. Many companies are

reducing retirement benefits that were guaranteed when a person retired and this is causing much financial hardship.

The need to strengthen protections against financial fraud, abuse and exploitation is also needed. Such crimes are usually perpetrated against the most frail of the senior population who cannot help themselves.

Assuring the solvency of Medicare plays a major role in stabilizing health care. Income should not be a barrier to good health. Health Care is a basic human right. Since it is almost impossible to obtain adequate affordable health insurance on the open market, Medicare is the primary insurance for those over 65. That makes it imperative that we preserve strong Medicare benefits. We certainly want to prevent any changes to Medicare that would reduce the current benefit package. It should be allowed to continue simply because **it works**.

It is crucial to assure the affordability of prescription drugs and to strengthen programs to assist seniors with using medication wisely. Both the basic Medicare Benefits and affordable prescription drugs will help people to have a better quality of life and maintain greater independence longer. Mental

Health Care should be seen as a part of basic health care and should be treated as such financially. Geriatric training for health care and mental health workers is also extremely important.

Ways should be found to maintain a basic level of existence for people. This includes a basic level of health care for all. Medicaid is currently the major program that addresses this issue. Therefore, it is essential that we assure the viability of the Medicaid Program at a level higher than 73% of poverty and leaving people with more than \$242 to live on after medical expenses. This amount will not be enough to pay for utilities, much less the other expenses associated with maintaining a household. There needs to be national oversight and funding of Medicaid for those who do not have the ability to fund health care and maintain a life as well so that they do not have to choose between Health Care and the other basic necessities of life.

**Our second priority is quality of life. This includes both community based and facility services and caregiver supports.**

Currently according to figures reported by Department of Health and Human Service agencies, the majority of public funding for senior adults is spent on institutional care. While there is need for good quality institutional care,

many people are placed prematurely because there is a lack of community based services to meet their needs in order for them to remain in their own homes. We need to recognize at both the state and national level that home and community care is not only the older adults choice but is also more cost effective in most cases. In many communities, only the most basic of services are available if at all. There needs to be a variety of services that meets the needs of older adults as they move along the continuum of care. Information and Assistance, Case Management, In-home Services, Adult Day Care, Respite Care, Home Repair, Senior Center programming and Housing with services are essential along with the basics: Congregate and Home Delivered Meals and Transportation in order to meet the varied needs of our seniors.

Reauthorization of the Older Americans Act along with adequate federal appropriations to serve the needs of the elderly population of this country should be a priority of this National White House Conference. The Older Americans Act has ambitious but very vital objectives that have never been fully or adequately funded. The OAA is the major program that provides community and home based services for older adults throughout the US that is not means tested.

One of the newest additions to the Older Americans Act is the Family Caregiver Support Program. The fact that most of the long-term care is being provided by families has not yet been recognized or appreciated. One in every four adults in North Carolina are providing care for someone over the age of 60. We need to provide the supports necessary to keep them providing this care. This is especially important when many of the persons being cared for have dementia and therefore cause especially heavy caregiving demands. The demand for this kind of care is especially hard for working caregivers who may miss work or not be able to concentrate when they are at work because of worrying about their loved one at home. Long-distance caregiving is also a problem and we need to make sure that we have good information which is easily accessible for these caregivers. Often middle age caregivers are taking care of their own children and/or grandchildren and caring for their aging parent at the same time. Called the sandwich generation, this group are also often working caregivers as well. This can be a very difficult situation. I know, I have been one.

Furthermore, we must <sup>enact and implement</sup> ~~provide~~ these supports in a way that meets the caregivers need and not necessarily fits the systems needs. Consumer

directed care is especially important to the caregiver. Often caregivers have a hard time letting go of control because they think no one else can provide the care like they can. Many times the method to getting them to use caregiver supports which will keep them from burning out is to start small. ~~Maybe~~ providing someone to sit with their loved one so that they can attend church for two hours on Sunday Morning. ~~That~~ could be all the help they need and would give them the break they need.

Obviously, some older adults will need facility care. For those who must use Adult Care Homes and Skilled Nursing Facilities, we must assure that they receive the very best care possible. We have many wonderful Long Term Care facilities in this state, but we must assure that residents rights are protected . This is our most vulnerable population and one of our fastest growing as well. Facilities are hampered by turnover of staff and the lack of well trained employees. The recent dismantling of the Mental Health System in North Carolina has caused increasingly mixed populations within our facilities. Residents that have no family or someone who visits them on a regular basis need to know that there is someone that they can report violations of their rights or complaints to without fear of reprisal, Residents

need to be cared for in the least restrictive environment possible and need to

be empowered and educated about their rights. *Increase direct care workers training + salary, decrease patient to staff ratio, increase # of ACH specialists + DFS surveyors + increase # of visits and strengthen the LTC ombudsman Program.*

**Our third priority is one that cross cuts all others. It is the need for adequate transportation, both medical and general. The need for adequate cross county options is crucial.**

In order to access many of the other services, it is often necessary for folks to be able to get to the offices of the service agencies or to medical facilities. Often these facilities are some distance away in another part of the county or in another county, or as is the case in my part of the world, the closest medical facilities are in another state. Often it is not economical or feasible to send a van or even a minivan to an outlying part of the county to bring one or two clients to receive services. There needs to be a variety of transportation options in each county including but not limited to volunteer (including insurance and reimbursement), taxi, mini-van, large vans, fixed route, demand response and even charter. However these options must also be affordable. This is a very tough service to provide but is one that affects all the rest of the services. Congregate meals and adult day care depend upon it to get many of their clients to the service on a daily basis. The success of some programs at Senior Centers depend upon the availability of



transportation. Housing with services ( Assisted Living) requires it, even Nursing Homes and Adult Care Homes must provide transportation. There are many barriers beside the vast terrain this state covers. The cost of gasoline and insurance are increasing almost daily. Different funding sources require different units of service be used so that accounting for the funds is difficult. Convenience and accessibility of service is key to making it work in a community. And the largest barrier of all to making it affordable is coordination. Adequate funding ~~from~~ <sup>and</sup> coordination at the federal level will go a long way to making this service what it should be at the local level.

There were other issues that were raised in many of the forums that are also very important. Each forums results will be submitted individually into the official record of this pre-conference. It was extremely difficult to narrow all of the topics that could have been included in this report to just three broad categories. We feel that these are the three major areas that need the most work at both the state and national level. Each level of government must do its part in making sure that our seniors receive the best care possible. Why do we need to do this? Because as one person so succinctly put it " I will be one of them" . For me it won't be too far in the future.

Again, thank you for allowing me time to present the NC4A priorities.